

Moderate Drinking Linked To A-Fib in Younger Patients

BY BRUCE JANCIN
Denver Bureau

DENVER — Consumption of as little as one alcoholic drink per day is associated with increased risk of atrial fibrillation and atrial flutter in persons aged 60 or younger, Dr. Gregory M. Marcus said at the annual meeting of the Heart Rhythm Society.

In contrast, regular alcohol intake—defined as one or more drinks per day—was not associated with significantly increased risk of atrial fibrillation (AF) or atrial flutter in individuals aged older than 60 years in his case-control study. That doesn't mean he dismisses it as a culprit in the older age group.

"I don't think that alcohol doesn't cause problems in the older age group. But older populations have



in the 1-2 drinks per day category generally classified as moderate drinking, which is often recommended as cardioprotective.

After adjustment for potential confounders including age, gender, race, coronary artery disease, hypertension, and heart failure in a multivariate regression analysis, individuals aged 60 or younger with AF or atrial flutter who drank alcohol daily were 4.5 times more likely to have AF or atrial flutter compared with arrhythmia-free controls, and 2.5 times more likely to have AF or flutter compared with patients with supraventricular tachycardia.

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DR. MARCUS

There was a linear association between the average amount of alcohol consumed per day and risk of AF or flutter, with an increased risk seen beginning at an average intake of 1-2 drinks daily. This

dose-response relationship was statistically significant for atrial flutter and approached significance for AF.

The mechanism for the observed association between moderate drinking and increased risk of AF and atrial flutter remains uncertain. However, there are preliminary data suggesting that alcohol reduces the atrial effective refractory period, which would be expected to have an arrhythmogenic effect, Dr. Marcus said.

Prior studies have linked binge drinking to increased risk of AF. Some studies have been negative, but they were done predominantly in older populations, which was one reason Dr. Marcus chose to look specifically at risk in patients aged younger than 60. The relationship between alcohol intake and atrial flutter had not been examined prior to this study. ■

Warfarin Control Succeeds in Oldest Patients With AF

BY DEBRA L. BECK
Contributing Writer

TORONTO — Older patients with atrial fibrillation do not have worse warfarin control than younger patients do and can be sustained on the drug without substantially more frequent international normalized ratio testing than is thought necessary in younger patients, Dr. Margaret C. Fang reported at the annual meeting of the Society of General Internal Medicine.

"Older patients with atrial fibrillation are at higher risk for stroke and have more clinical risk factors for stroke, yet many are not prescribed warfarin," said Dr. Fang of the University of California, San Francisco. "We found that INR control and INR variability did not differ substantially in older and younger patients.

"Concerns about difficult warfarin control should not deter clinicians from prescribing warfarin to the oldest patients with atrial fibrillation," she added.

Oral vitamin K antagonists, such as warfarin, greatly reduce the risk of atrial fibrillation-related stroke, which is more common in older patients. However, they also increase hemorrhagic risk.

"Older patients are less likely to receive warfarin in part due to hemorrhagic complications, high fall risk, cognitive decline, and frailty," Dr. Fang said. "But there is also this perception that warfarin control is more difficult in the elderly patient."

The Anticoagulation and Risk Factors in Atrial Fibrillation (ATRIA) study was a

cohort study involving 13,559 patients with nonvalvular atrial fibrillation enrolled in Kaiser Permanente of Northern California. The study was led by investigators at the University of California, San Francisco; the Kaiser Permanente Division of Research; and Massachusetts General Hospital, Boston. Patients were monitored for a median follow-up of 6 years.

Warfarin use and anticoagulation intensity were determined using validated algorithms based on warfarin prescriptions and serial outpatient INR test results. The primary outcomes were the

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amount of time in therapeutic INR ranges, INR variability, and median number of days between INR measurements, excluding the first 4 weeks of therapy.

At baseline, patients aged 80 years or older were significantly less likely to receive warfarin than were those younger than 80 years (43% vs. 56%), and more likely to have stroke risk factors or prior strokes.

Patients aged 80 years and older were just as likely to be in a therapeutic INR range of 2.0 to 3.0 as younger patients were: 64.0% of patients 80 years or older, compared with 66.0% of those younger than 80 years (adjusted odds ratio 1.0).

There were no significant differences by age in the proportion of INRs 4.0 and above (1.86% vs. 1.80%, respectively; adjusted OR 1.0). The median number of days between INR measurements was 21 for both older and younger patients, indicating no need for more frequent INR testing in older patients. ■

Postoperative Atrial Fibrillation Doubles Long-Term Mortality

BY BRUCE JANCIN
Denver Bureau

DENVER — Postoperative atrial fibrillation is often dismissed as a nuisance arrhythmia whose chief impact is a prolonged stay in the hospital. But this common postsurgical complication may have previously unappreciated long-term adverse consequences, according to a Swedish study.

Indeed, postop atrial fibrillation (AF) occurring within the first several days after coronary artery bypass graft surgery in patients without any history of AF was associated with nearly a twofold increased late all-cause mortality, mainly due to more deaths that could be attributable to stroke, arrhythmias, and heart failure, Dr. Anders Ahlsson said at the annual scientific sessions

of the Heart Rhythm Society.

He reported on 1,443 patients who were in sinus rhythm with no history of AF or pacemaker therapy when they underwent a first CABG procedure in 1997-2000. On postop days 1-5, 29% developed AF. They were on average more than 4 years older than those who did not; however, left ventricular ejection fractions in the two groups were similar.

At a median of 8 years follow-up, all-cause mortality was 33.3% in the postop AF group and 19.2% in the comparator arm. (See box.)

In a multivariate regression analysis, postop AF proved to be a risk factor for mortality independent of patient age, diabetes, and other potential confounders. It conferred an adjusted 1.6-fold increased mortality risk, accord-

ing to Dr. Ahlsson, a cardiothoracic surgeon at Orebro (Sweden) University.

Audience members wondered whether postop AF is truly the cause of the increased late mortality, in which case preventing the arrhythmia should produce an important mortality benefit, or if postop AF may just be an epiphenomenon reflecting some underlying abnormality that's the real cause of the increased risk.

That's the key unanswered question, Dr. Ahlsson agreed. Research in this area is complicated by a lack of predictors of which CABG patients will get postop AF.

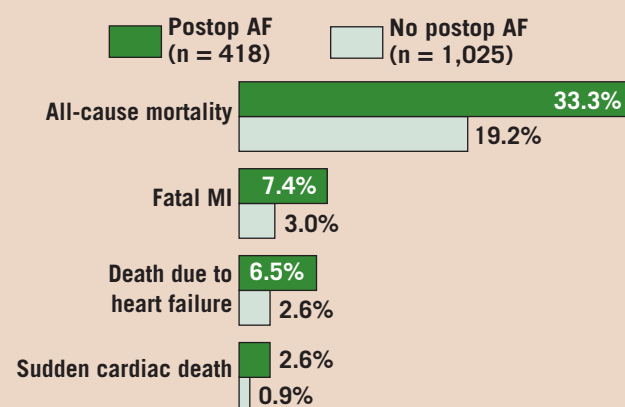
"There have been a number of suggestions, but they are too vague to find these patients before it happens," he said.

The practice at Obrero Univer-

sity Hospital is to perform radiofrequency ablation at the time of CABG in patients who have preoperative AF. Nearly all pa-

tients undergoing CABG are on a β -blocker unless they have chronic lung disease or another contraindication. ■

Consequences of Postop Atrial Fibrillation At Follow-Up



Note: Based on a median of 8 years of follow-up.
Source: Dr. Ahlsson